

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

16956

Registrar's No.

2158

LED JUN 7 1943

Registration District No.

149

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Country Club Street Car - 24th & Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -- (Specify whether  
In this community Few Minutes years, months or days)

3. (a) PRINT FULL NAME Mr. Valentine Hardy

3. (b) If veteran, name war No 3. (c) Social Security No. 497-14-806

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lora Hardy 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February 14 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Bricklayer's Assistant

12. Name Lee Hardy 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Whitecrown

15. Birthplace Unknown Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lora Hardy

(b) Address 24th & Main

17. (a) Removal (b) Date thereof 5-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillside Grove, Oklahoma

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 5/10/43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware  
(c) City or town Grove Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
6. year 1943 hour -- minute A. M.

21. I hereby certify that I attended the deceased from 12 to 19;  
that I last saw him Deputy Coroner on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory Failure,

Due to etiology unknown-

Due to Acute Pulmonary Edema.

Other conditions 111 B  
(Include pregnancy within 3 months of death)

Major findings: Of operations --

Of autopsy See Above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) --  
(b) Date of occurrence --  
(c) Where did injury occur? -- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? --

While at work? -- (Specify type of place) (c) Means of injury --

23. Signature Dr. E. H. Fisher (M. D. or other)

Address 23rd McCoy Date signed 5/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address. *K. E. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**